



1AP16 Rec'd PCT/PTO 4 MAY 2009

PCT

PP019745.0003
PATENT APPLICATION

I hereby certify that this paper is being deposited with the United States Postal Service as first class mail in an envelope addressed: MAIL STOP AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Kara Shure

Date

May 1, 2009

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Aldo GIANNOZZI *et al.*

Serial No.: 10/526,124

Confirmation No.: 6885

371(e) Filing Date: September 1, 2003

Examiner: Michael C. Henry

For: MODIFIED SACCHARIDES, CONJUGATES THEREOF, AND THEIR
MANUFACTURE

TRANSMITTAL

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Enclosed herewith are the following documents for filing in the above-identified application:

1. AMENDMENT
2. FEE TRANSMITTAL
3. PAYMENT – The Commissioner is hereby authorized to charge Deposit Account No. 03-1664 in the amount of \$1632.00.
4. RETURN RECEIPT POSTCARD.

The Commissioner is hereby authorized to charge any deficiency in fees or credit any overpayment associated with this communication and which may be required under 37 C.F.R. 1.16 and 1.17 to Deposit Account No. 03-1664.

05/05/2009 LLANDGRA 00000008 031664 10526124

01 FC:1615 312.00 DA
02 FC:1614 1320.00 DA

Respectfully submitted,

NOVARTIS VACCINES AND DIAGNOSTICS, INC.

Dated: 1 May 2009

By:

Helen Lee

Reg. No. 39,270

Customer No. 27476
NOVARTIS VACCINES AND DIAGNOSTICS, INC.
Intellectual Property – X 100B
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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2009

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) \$1632.00

Complete if Known

Application Number	10/526,124
Filing Date	September 1, 2003
First Named Inventor	Aldo GIANNOZZI
Examiner Name	Michael C. Henry
Art Unit	1623
Attorney Docket No.	PP019745.0003

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 03-1664 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
52	26
220	110
390	195

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims Extra Claims Fee (\$)

51 - 20 or HP = 6 x 52 = 312

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)

9 - 3 or HP = 6 x 220 = 1320

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims Fee (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)

- 100 = / 50 = (round up to a whole number) x =

Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

SUBMITTED BY

Signature		Registration No. 39,270 (Attorney/Agent)	Telephone 510 923 2192
Name (Print/Type)	Helen Lee	Date	01 May 2009

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.